



Catawba County Public Health Department

Environmental Health Division

Request for Water Sample

Sample Requested By _____ Home Phone _____

State Road Number/Name _____ Business Phone _____

Mailing Address _____

Name of Subdivision _____ Lot # _____ Section/Block Phase _____

Specific Directions _____

Sample Requested for: Bacteriological _____ Inorganic Chemical _____ Other _____

Type of Well: _____ Drilled _____ Bored _____ Dug _____ Other (_____)

Is the well on this same property? _____ yes _____ no

Is power on and is an outside spigot available to collect sample? _____ yes _____ no

Has well been tested before? _____ yes _____ no (Results _____)

Does the plumbing come out the top of the well through a sanitary well seal? _____ yes _____ no

Does the well ever become cloudy or has there ever been a problem with taste and/or odor?

Explain: _____ yes _____ no

Does the well top extend six (6) inches above the ground or well slab? _____ yes _____ no

The well is in: _____ front _____ rear _____ left side _____ right side of the house

***Notes:** Contact the Sanitarian listed below to initiate the sampling. No sample can be taken from an improperly constructed well as according to "Rules Governing the Protection of Private Water Samples".

Date _____ Signature of Owner or Agent _____

(For Office Use Only)

Please Contact _____ between 8 am and 9 am Phone _____

Fee _____ Date Paid _____ Receipt # _____ Initial _____